



WIC FORMULAS AND FOODS PRESCRIPTION FORM

Women

October 2015

Client name: _____

Client date of birth: _____

Return pages 1 and 2
to the local WIC clinic
or to the client.

1. Check a qualifying medical diagnosis

- ☐ Low weight gain in current pregnancy
- ☐ Pre-pregnancy BMI <18.5 for current pregnancy
- ☐ Current BMI <18.5 (breastfeeding and postpartum)
- ☐ Gastrointestinal disorders/malabsorption syndromes
- ☐ Immune system disorders
- ☐ Severe food allergies (must explain in Notes)
- ☐ Milk protein allergy
- ☐ Lactose intolerance
- ☐ Metabolic disorders/inborn errors of metabolism
- ☐ Life-threatening medical condition that impairs the client's nutritional status (must explain in Notes)
- ☐ Other medical diagnosis or condition that impacts the nutritional status of the client (must explain in Notes)

Note: The qualifying medical diagnosis must correspond with the medical need of the prescribed WIC formula or WIC foods.

A symptom such as constipation, rash, vomiting, or does not like, is not an acceptable medical diagnosis for WIC.

Notes:

2. Prescribe formula and amount

Select one formula

- | | | |
|---|--|--|
| <input type="checkbox"/> Similac Advance (20 kcal/oz) | <input type="checkbox"/> Similac NeoSure | <input type="checkbox"/> Nutramigen |
| <input type="checkbox"/> Good Start Soy | <input type="checkbox"/> Similac Alimentum | <input type="checkbox"/> Good Start Gentle |
| | <input type="checkbox"/> Enfamil EnfaCare | <input type="checkbox"/> PediaSure |

Select the amount

- ☐ Allow up to the maximum amount of formula. WIC staff and client will determine the amount.
or
_____ Ounces per day (not to exceed the maximum amount of formula allowed by WIC)

Describe special feeding instructions:

Women

3. Enter the number of months for this prescription

Not to exceed 12 months

This form expires when the woman's status changes (pregnant, breastfeeding, postpartum)

4. Medical Provider Deferral for WIC Foods to the WIC Registered Dietitian

Women with a qualifying medical diagnosis need all of their WIC foods prescribed.

The medical provider can defer to the WIC Registered Dietitian to prescribe WIC foods (**excluding WIC formula**) and amounts of WIC foods to meet the client's medical or nutritional needs.

- ☐ I defer this responsibility to the WIC Registered Dietitian. (If checked, skip to Box 6)

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5. Check each WIC food allowed

MILK (check one)

- ☐ Whole milk
- ☐ 2% milk
- ☐ 1% or nonfat milk

OTHER FOODS (check all foods allowed)

- ☐ Breakfast cereal
- ☐ Canned Fish
- ☐ Cheese
- ☐ Dried beans, peas, or lentils
- ☐ Eggs
- ☐ Fresh fruit and vegetables
- ☐ Juice
- ☐ Peanut butter
- ☐ Soy beverage
- ☐ Tofu
- ☐ Whole grain choices - 100% whole wheat bread/pasta, soft tortillas (corn or wheat), brown rice, oatmeal, or bulgur

Describe specific food or diet instructions:

If deferred to the WIC Registered Dietitian: WIC RD Signature: _____ Date: _____

6. Enter medical provider information

Name: _____
(Required) Print or Stamp

Date: _____
(Required)

Signature: _____
(Required)

Phone: (_____) _____
(Required)

Email: _____

Fax: (_____) _____

7. WIC Staff – Optional Information

_____ (_____) _____ (_____) _____
Local WIC Clinic Name Phone # Fax #

Note to WIC Staff: You must get a signed authorization form from the WIC client to share client information with the client's medical provider.

Questions? Call the client's local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

WIC is a supplemental food program. WIC does not provide all of the formula or foods a client may need each month. An explanation of the types and amounts of WIC foods allowed, plus the instructions to complete this form are included at the end of this form, or they can be found at: <http://www.doh.wa.gov/wicformula.aspx> and <http://www.doh.wa.gov/wicfoods.aspx>

BREASTFED BABIES ARE HEALTHIER. WIC SUPPORTS BREASTFEEDING.

Instructions to complete the WIC Formulas and Foods Prescription Form for Women

Use this form for pregnant, breastfeeding and postpartum women.

Client information: Complete the top portion of the form with the client's name and date of birth.

1. Check a qualifying medical diagnosis

Check one or more boxes in order to provide prescribed formula and foods.

The qualifying medical diagnoses are specified by federal regulations. If **"must explain in Notes"** follows a medical diagnosis that is checked, provide a brief description of the impact to the client's medical or nutritional status. The space under **Notes** is for any additional information that WIC staff should know related to any of the medical diagnoses checked.

2. Prescribe formula and amount

Check a box next to the formula prescribed.

WIC needs to know how much formula to provide the client. Check either **"Allow up to the maximum amount of formula"** needed or indicate the number of **"Ounces per day"** if the amount is less than what WIC allows. Use the "Can Sizes, Yields and Maximum Amounts of Formula" table from the Washington State WIC web site at <http://www.doh.wa.gov/wicformula.aspx> for the maximum amounts of powder, concentrate and ready-to-feed (RTF) formula allowed per month as defined by federal regulation.

The space under **Describe special feeding instructions** is for specifying any feeding instructions, such as concentrating the formula from the usual 20 kcal per ounce, or specifying ounces per feeding.

3. Enter the number of months for this prescription

Write in the number of months the prescription is effective in the box.

The prescription can't exceed 12 months. A new form is required if the number of months needs to be extended; the formula and/or foods needs to be changed; the amounts of formula and/or foods needs to be changed; or the woman's status/category changes (pregnant, breastfeeding, postpartum). The prescription will automatically end when the woman is recertified into a different category.

4. Medical Provider Deferral for WIC foods to the WIC Registered Dietitian

Check the box **I defer this responsibility to the WIC Registered Dietitian** to authorize the WIC Registered Dietitian to work with the client to decide the type and amount of WIC foods that are medically appropriate for her. The WIC Registered Dietitian must have a face-to-face or phone conversation with the client before WIC foods can be issued.

The medical provider can only defer responsibility of prescribing WIC foods, and not WIC formula, to the WIC Registered Dietitian.

If WIC foods (which include the milk types) are deferred, skip Box 5 and go to Box 6.

5. Check each WIC food allowed

Check the box next to the food that is medically appropriate for the client based on the qualifying medical diagnosis. If a food is not checked, it can't be issued.

When formula is prescribed, any appropriate food for the client must also be prescribed.

When formula isn't prescribed, a WIC Prescription Form is required for either 2% or whole milk.

Note: Check only one of the milk types offered by WIC.

Instructions to complete the WIC Formulas and Foods Prescription Form for Women

Women with:

- Lactose intolerance have the option to receive a combination of milk, cheese, tofu and soy beverage.
- Milk protein allergy won't receive any milk or cheese from WIC unless the medical provider **specifically** allows it.
- Severe food allergies won't receive any food from WIC that causes an allergic reaction unless the medical provider **specifically** allows it.

The space under **Describe specific food or diet restrictions** is for any additional information that WIC staff should know, for example:

- Any restriction, such as instructing WIC staff to counsel the client to select non-citrus fruits if she has a citrus sensitivity.
- Allowing a specific food that causes an allergic reaction. If the medical provider deferred the responsibility of prescribing WIC foods to the WIC Registered Dietitian, the WIC Registered Dietitian **must not** prescribe the food that caused an allergic reaction without the approval of the medical provider.

The WIC Registered Dietitian's signature and date are required when the medical provider defers to the WIC Registered Dietitian.

6. Medical Provider Information

The name of the medical provider (licensed health care professional who can write medical prescriptions under State law), date, signature and telephone number are required. A fax number and email address are recommended. Questions should be directed to the woman's local WIC clinic or the Washington State WIC Nutrition Program at 1-800-841-1410.

7. WIC Staff: Optional

WIC staff have the option to complete the following information about their WIC clinic:
Local WIC clinic name, Phone number, and Fax number.

Note to WIC staff: *You must get a signed authorization form from the WIC client to share client information with her medical provider.* The WIC client signs and dates a form to authorize staff to contact her medical provider.

A signed authorization form allows staff to contact the medical provider to discuss and share information about the client that was gathered at WIC, if necessary. If the authorization form hasn't been signed in advance, staff have to get the client to return to the WIC clinic to get the authorization form signed before staff can contact the medical provider.

Staff have the option to use WIC's "Individual Authorization to Release WIC Information" form or use their own agency's form providing it has similar information to WIC's sample form. This form may be printed from the Washington State WIC Nutrition Program Web site:

<http://www.doh.wa.gov/wicformula>.

Return completed form to the caregiver or to the local WIC clinic. The information on the completed form (pages 1 and 2) is confidential. Please assure confidentiality when mailing, emailing or faxing this form to the caregiver or to the child's local WIC clinic. Do not mail, email or fax this form to the Washington State WIC Office.

For an electronic copy of this form, go to: <http://www.doh.wa.gov/wicformula.aspx>



This institution is an equal opportunity provider. **Washington State WIC Nutrition Program does not discriminate.** For persons with disabilities, this document is available on request in other formats. To submit a request, please call: 1-800-841-1410 (TDD/TTY 711).